

Quinolones Staph	<i>Staphylococcus spp</i> may develop resistance within 3-4 days after the start of treatment with quinolones. Repeat isolate testing may be warranted.
Tetracycline sensitive	“Organisms that are susceptible to tetracycline is considered susceptible to <u>Doxycycline</u> .”
Enterococcus (casseliflavus or gallinarum)	Enterococcus (casseliflavus or gallinarum) Vancomycin Resistant isolated. NOTE: The Organism is Intrinsically Resistant to Vancomycin.
Gentamicin Sensitive Staph (Inpatient MRS)	For staphylococci that test susceptible, gentamicin is used only in combination with other active agents that test susceptible.
SPICE	This isolate may develop resistance within days against the 3 <sup>rd</sup> generation cephalosporin after initiation of therapy, repeated testing is recommended.
Colistin I	A limited clinical efficacy for colistin was demonstrated even if an intermediate result is obtained. Alternative agents are strongly preferred or to be used in combination. Consultation with infectious disease clinicians is recommended.
MSS	<p>“Methicillin (Oxacillin) sensitive Staph. spp. is <b>susceptible to all of the following:</b></p> <p>a) <b>B- lactam combination agents</b> (Amoxacillin-Clavulanate, Ampicillin sulbactam, Piperacillin-tazobactam)</p> <p>b) <b>Oral cephems</b> (Cefaclor, cefdinir, Cephalexin, Cefprozil, Cefuroxime)</p> <p>c) <b>Parental cephems including Cephalosporins I, II, III, and IV</b> (Cefazoline, Cefepime, Cefotaxime, Ceftriaxone, Cefuroxime)</p> <p>d) <b>Carbapenems</b> (Ertapenem, Imipenen, Meropenem)”.</p>
MRS	Methicillin (Oxacillin) resistant Staph. spp. resists all of the following:

	<ol style="list-style-type: none"> <li>1. B- lactam combination agents (Amoxacillin-Clavulanate, Ampicillin sulbactam, Piperacillin-tazobactam)</li> <li>2. Oral cepheids (Cefaclor, cefdinir, Cephalexin, Cefprozil, Cefuroxime)</li> <li>3. Parenteral cepheids including Cephalosporins I, II, III, and IV (Cefazoline, Cefepime, Cefotaxime, Ceftriaxone, Cefuroxime) <b>except ceftaroline.</b></li> <li>4. Carbapenems (Ertapenem, Imipenen, Meropenem)</li> </ol>
Cefazolin urine	<p>Comment: Cefazolin is a surrogate test for <b>Oral Cephalosporins</b> to predict results for the oral agents “cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and loracarbef”</p>
DTR Pseudomonas	<p>Non-susceptibility to all of the following: piperacillin-tazobactam, ceftazidime, cefepime, aztreonam, meropenem, imipenem-cilastatin, ciprofloxacin, and levofloxacin.</p>
Rifampicin S	<p><b>Only Staph. (VRSA or VISA)</b> “Rifampicin should not be used alone as antimicrobial therapy”</p>
Ampicillin with Enterococci	<p>The results of ampicillin susceptibility tests should be used to predict the activity of amoxicillin, amoxicillin-clavulanate, ampicillin-sulbactam, and piperacillin-tazobactam. Combination therapy with high-dosage parenteral ampicillin, amoxicillin, penicillin, or vancomycin (for susceptible strains only) plus an aminoglycoside is usually indicated for serious enterococcal infections</p>
Strept pyogenes, viridans, pneumoniae	<p>Susceptibility and resistance to azithromycin and Clarithromycin can be predicted by testing Erythromycin.</p>